

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)  
031896-4000 (AM100990)

In re Application of Margot Mary O'TOOLE, et al.

Application Number 10/686,619 Filed October 17, 2003  
For COMPOSITIONS AND METHODS FOR DIAGNOSING AND  
TREATING AUTOIMMUNE DISEASE

Group Art Unit 1614 Confirmation No. 9490

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows  
(check time period desired):

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$215/\$430)          | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$490/\$980)        | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$765/\$1530)        | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1040/\$2080)       | \$ _____ |
- Applicant claims small entity status.  
 A check to cover the fee is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
 The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (031896-4000). I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor

- assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- attorney or agent of record.
- attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a) 34,746.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

November 3, 2004  
Date

Signature

Raymond Van Dyke

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

11/05/2004 RFEKADU1 00000017 192380 10686619

02 FC:1251 110.00 DA

NVA307995.1

SEND TO: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450